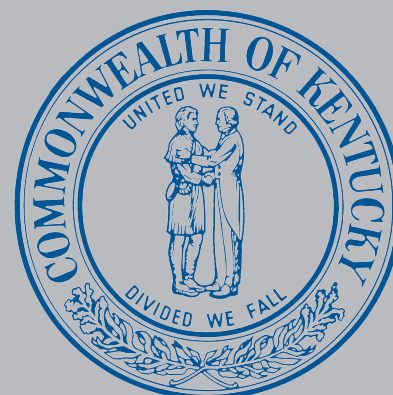


EMPLOYEE ENROLLMENT

Nationwide

COMMONWEALTH OF KENTUCKY

Enrollment Brochure
and Booklet-Certificate



Group Life Insurance

The Commonwealth of Kentucky is pleased to offer You Group Term Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance, issued by Nationwide Insurance.

ELIGIBILITY

As a Member of one of the Covered Classes listed below, You are eligible to be insured under the Employee Group Life Insurance program of the Commonwealth of Kentucky.

COVERED CLASSES

1. An Employee or an elected state official of the Commonwealth of Kentucky who is regularly employed by any department, board, agency, commission, authority or branch of state government, including federally funded time limited positions.
2. An elected state official of the Commonwealth of Kentucky includes Members of the General Assembly, Judge of the Court of Justice, Circuit Clerks, Commonwealth Attorneys and Property Valuation Administrators.
3. An Employee of a local board of education who is a teacher or classified Employee regularly employed in the public school systems of the Commonwealth of Kentucky.
4. A board of health department Employee who is a regularly employed Employee of a county or district board of health department, which elected to have its Employees insured under this Group Contract.
5. An Employee of a quasi-agency whose Employer pays into a state-sponsored retirement system and has elected to participate in the state sponsored life Coverage.

BASIC TERM LIFE INSURANCE AMOUNT

All eligible Employees will be covered for the Basic amount of \$20,000 with Accidental Death and Dismemberment Benefits included.

BASIC TERM LIFE INSURANCE PREMIUMS

The Basic Life Insurance Premiums are paid by Your Employer while You are actively at work.

There is no cost to You unless You are on a leave of absence. Contact Group Life Administration for more details.

OPTIONAL TERM LIFE INSURANCE

In addition to Basic Life Insurance, the Commonwealth of Kentucky Group Life Insurance Program offers You the option of purchasing additional insurance. You can choose the amount of Coverage that is right for You.

Plan 1	\$5,000
Plan 2	\$10,000
Plan 3	100% of Your annual Earnings*
Plan 4	200% of Your annual Earnings*

*Under Plans 3 and 4, insurance amounts will be based on the annual Earnings at the time of enrollment and will be rounded to the nearest multiple of \$1,000. Evidence of insurability will be required for insurance over \$150,000.

MONTHLY COST FOR THE OPTIONAL LIFE INSURANCE

AGE	RATE PER \$1,000
Under 40	\$ 0.25
40 - 59	\$ 0.57
60 and over	\$ 0.90

Premium rates are current as of January 1, 2010.

DEPENDENT GROUP LIFE

You also have the option of selecting Coverage for Your family by choosing one of the following plans:

	Plan A	Plan B	Plan C	Plan D	Plan E
Spouse	\$10,000	\$5,000	\$5,000	\$10,000	\$0.00
Each Child					
To 6 months	\$2,500	\$1,500	\$0.00	\$0.00	\$2,500
6 months to 18 years*	\$5,000	\$3,000	\$0.00	\$0.00	\$5,000
Monthly Premium	\$10.90	\$5.90	\$2.50	\$8.70	\$3.60

Premium rates are current as of January 1, 2010.

ELIGIBLE DEPENDENTS

Eligible Dependents include Your spouse (legally married) and unmarried Dependent children from live birth to age 18, provided they are not in the military service. Unmarried Dependent children include Your children by birth or adoption, stepchildren, foster children or other children that depend on You for support and live with You in a regular parent-child relationship.

*6 months to 18 years of age, or 18 and older if attending an educational institution and relying on You for financial support.

WHEN CAN YOU ENROLL OR CHANGE COVERAGE

You may elect to enroll in one (1) Optional Life Insurance and one (1) Dependent Group Life Insurance within thirty (30) days from Your date of hire without providing evidence of insurability. An evidence of insurability will be required for an optional amount over \$150,000 or if enrolling outside of the 30 day period.

If You are enrolled in Optional Life Insurance Plan 3 or Plan 4, You have 30 days following the date of a pay increase to adjust Your insurance to corresponding plan Coverage amounts.

You are also eligible to enroll in Dependent Life Insurance the first day of the month after You first acquire a Dependent.

You may enroll in Dependent Plan E which covers a child or children only at any time and with no evidence of insurability required.

You can enroll in or increase Optional and/or Dependent Coverage at any time with evidence of insurability.

EFFECTIVE DATE

Your insurance takes effect on the first day of the second month following the month You were employed.

If You choose to purchase Optional Life Insurance and/or Dependent Life Insurance for Your family at the time of Your employment, this insurance Coverage becomes effective on the first day of the second month following the month You were employed.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT (AD&D)

Benefits will be paid under the Basic Life and AD&D, and Optional Life and AD&D (if applicable) in the event of Your death, dismemberment, or loss of sight, as a result of an Accidental Injury. The full amount of Your Benefit will be paid to Your Beneficiary if the covered Accident You suffer results in Your death.

Full or partial Benefits will be paid to You according to the following schedule if the Accident results in dismemberment or loss of sight:

Loss of or by Reason of:	Percent of the Person's Amount of Insurance
Life	100%
The sight of both eyes	100%
Either both hands <u>or</u> both feet	100%
One hand <u>and</u> one foot	100%
The sight of one eye <u>and</u> either one hand <u>or</u> one foot	100%
Speech <u>and</u> hearing in both ears	100%
Either one arm <u>or</u> one leg.....	75%
Either one hand <u>or</u> one foot.....	50%
The sight of one eye <u>or</u> hearing in one ear.....	50%
Speech <u>or</u> hearing in both ears.....	100%
Both the thumb <u>and</u> index finger of one hand.....	25%
Both thumbs of both hands.....	25%
All four fingers of one hand.....	25%
All of the toes of one foot.....	12.5%
Quadriplegia.....	100%
Paraplegia.....	100%
Hemiplegia.....	100%
Uniplegia.....	25%
Coma.....	1% per month, up to 100 months

Amount Limitation: The amount payable for all Losses of the insured as a result of the same Accident is limited to the total amount of insurance under this Coverage.

EXCLUSIONS: No AD&D Insurance Benefit is payable if the Accident or Loss is caused or contributed to by any of the following:

- Suicide or attempted suicide, while sane or insane.
- Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- Sickness, whether the Loss results directly or indirectly from the Sickness.
- Medical or surgical treatment of Sickness, whether the Loss results directly or indirectly from the treatment.
- Any infection. But, this does not include: a pyogenic infection resulting from an Accidental cut or wound; or a bacterial infection resulting from Accidental ingestion of a contaminated substance.
- Taking part in any insurrection.

- War, or act of war. "War" means declared or undeclared war and includes resistance to armed aggression.
- An Accident that occurs while the person is serving on full-time active duty for more than 30 days in any armed forces. But this does not include Reserve or National Guard active duty for training.
- Commission of or attempt to commit a felony.
- Being intoxicated or under the influence of any narcotic or any hallucinogenic unless administered on at the advice of a Doctor.

TERM LIFE INSURANCE BENEFIT

In the event of Your death, Your Beneficiary will be paid the amount of Basic Life Insurance at the time of Your death. The amount of Benefits payable includes the amount of the Basic Insurance and any additional amount purchased under the Optional Life Insurance Plan.

If the Loss of life is caused by an Accident, the Accidental Death Benefit is payable to Your Beneficiary in an amount equal to Your Basic Life Insurance and Optional Life Insurance, if selected. If You select the Dependent Life Insurance for Your family and the covered Dependent dies, Benefits will be paid to You.

BENEFICIARY DESIGNATION

You have the right to choose a Beneficiary. If there is a Beneficiary for the insurance, it is payable to that Beneficiary at the time of Your death. If there is no Beneficiary at the time of Your death, payment will be paid to the first surviving class of the following classes: Your (a) surviving spouse; (b) surviving children; (c) surviving parents; (d) surviving brothers and sisters; and (e) estate.

You may designate a new Beneficiary at any time by completing a Beneficiary Designation form.

LEAVE WITHOUT PAY

Your insurance may be continued up to a maximum of one year during an approved leave of absence without pay. After one year has expired, Your Coverage will terminate unless You return to work as a full-time eligible Employee. While on leave, You are required to make timely payments of the required contributions for Basic, Optional and Dependent Group Life Insurance. If no payments are received while on leave, the Coverage will be terminated. Please contact Your Employer for payment details and deadlines.

FAMILY LEAVE

The Commonwealth of Kentucky will continue paying Your Basic Life Insurance. You are responsible for timely payments of Your insurance Premiums for Optional Life Insurance and Dependent Life Insurance. If no payments are received for Your Optional and/or Dependent Coverage while on leave, the Coverage will be terminated. Please contact Your Employer for payment details and deadlines.

CONVERSION

If Your Coverage terminates (including as a result of retirement), You will have an opportunity to convert all or part of Your Basic, Optional and Dependent Group Life Insurance to an individual policy within 31 days following the date Your insurance Coverage ends. Evidence of insurability will not be required.

If You are enrolled in Dependent Group Life Insurance, a covered Dependent can convert to an individual policy should Your insurance terminate or Your Dependent no longer meets the definition of Qualified Dependent. A spouse in a divorce situation and a Dependent child who reaches the limiting age may also convert.

Information regarding the policies available for conversion and their associated costs can be obtained by calling Nationwide Insurance at 866-356-2004.

Written application, and payment of the first contribution, must be made within 31 days following the date Your insurance Coverage ends. If You or an insured Dependent dies during the 31 day period, Your insurance will be paid whether or not You applied for an individual policy. If the application and Premiums are not paid to the carrier within the 31 day period, Your conversion application may not be accepted.

TERMINATION OF COVERAGE

Your Basic, Optional and Dependent Group Life Insurance Coverage will end the last day of the same month in which Your employment ended.

OTHER IMPORTANT INFORMATION

These materials may be available in alternate formats under the provisions of the American with Disabilities Act (ADA). Please contact Your Employer for details.

Important: This information is designed to answer some common questions about the Group Life and AD&D insurance Coverage being offered. It is not intended to provide a detailed description of this Coverage. If You become insured, a more detailed description of the insurance Coverage will be available in a Group Insurance Certificate provided to You. The Benefits and provisions of the Insurance Contract are described in the Certificate. Final interpretations are governed by the Insurance Contract.

Questions and Answers about Group Life Insurance

Both Your Basic Life Insurance and Your Accidental Death and Dismemberment Insurance are provided to You by the Commonwealth of Kentucky and Your Employer at no cost to You. Although this basic Coverage may be sufficient for some, for many, additional Coverage may be necessary to provide essential financial protection to You and Your family. That's why we are pleased to offer You Optional Life Insurance and Your family Dependent Life Insurance. You have the option of enrolling under one or both of the plans.

Following are some common questions and answers about this Coverage. After You have had the opportunity to consider Your personal situation and make a decision as to whether You wish to participate, please indicate Your election on the enrollment form provided.

Q. Who is eligible to enroll in the Optional Life Insurance?

- A. Any Employee who is in the covered classes: "state Employee", "Employee of a local board of education", "board of health of health Employee", "elected state officials" or a quasi-agency Employee. For definitions of classes, see Your Certificate of Coverage.

Q. How much protection does the Optional Life Insurance provide?

- A. Four levels of protection are available. You can choose the plan that best suits Your particular needs.

Plan 1	\$ 5,000
Plan 2	\$10,000
Plan 3	100% of Your annual Earnings*
Plan 4	200% of Your annual Earnings*

*Under Plans 3 and 4, insurance amounts will be the annual Earnings at the time of enrollment and will be rounded to the nearest multiple of \$1,000.

Evidence of insurability will be required for insurance over \$150,000.

Q. What is covered by the Optional Life Insurance?

- A. Benefits will be paid if You die from any cause while You are covered under the Optional Life Insurance. These Benefits are in addition to the amount of Basic Life Insurance.

Q. How do I enroll in the Optional Life Insurance?

- A. A new Employee can select Optional Insurance within 30 days from their hire date by completing an enrollment. If an Employee is a transfer or wanting to pick up additional Coverage without a qualifying event, they must complete an enrollment form selecting the desired plan and mail to the Group Life Insurance Branch. Once received and reviewed, an evidence of insurability statement will be mailed to the Employee's home address if required for the additional life insurance plan.

Q. How much will enrollment in the Optional Life Insurance cost me?

- A. The monthly cost is based on Your age and the plan You select. Your cost is based on the following age brackets:

<u>AGE</u>	<u>RATE PER \$1,000 OF LIFE INSURANCE</u>
Under age 40	\$0.25
40 - 59	\$0.57
60 and over	\$0.90

Premium rates are current as of January 1, 2010.

Q. Who is the Beneficiary for the Optional Life Insurance death Benefits?

- A. The Employee designates the Beneficiary on their Optional Life Insurance. Any amount of insurance for which there is no Beneficiary at the time of Your death will be payable to the first surviving class of the following classes: Your (a) surviving spouse; (b) surviving children; (c) surviving parents; (d) surviving brothers and sisters; and (e) estate.

Q. Is there any Accidental Death and Dismemberment Benefit?

A. Yes. If the Loss of life is caused by an Accident, the Accidental Death Benefit is payable to Your Beneficiary in an amount equal to both Your Basic and Optional Life Insurance. Please refer to Your Certificate of Coverage for further details.

Q. If my Earnings increase and I have Optional Plan 3 or Plan 4, will my Coverage automatically increase?

A. No. Within 30 days of an Earnings increase, You must complete an application to change Your Coverage. Increasing Your amount of insurance will also increase Your Premium.

Q. Can I change the Optional Plan I have selected, or enroll in any Optional Plan at a later date (outside of open enrollment)?

A. Yes. If You change from one Optional Plan to another Optional Plan, and the change provides You with a higher amount of insurance, You will be required to furnish satisfactory evidence of insurability to the insurance carrier. The new amount will become effective when the evidence is approved by the insurance carrier.

Q. Will my rates for Optional Life Insurance ever change?

A. Your rates will increase when You turn 40 and once again at age 60. Your Premium will also change with a volume increase.

Q. What are the exclusions to the Accidental Death and Dismemberment Coverage?

A. No AD&D Insurance Benefit is payable if the Accident or Loss is caused or contributed to by any of the following:

- Suicide or attempted suicide, while sane or insane.
- Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- Sickness, whether the Loss results directly or indirectly from the Sickness.
- Medical or surgical treatment of Sickness, whether the Loss results directly or indirectly from the treatment.

- Any infection. But, this does not include: a pyogenic infection resulting from an Accidental cut or wound; or a bacterial infection resulting from Accidental ingestion of a contaminated substance.
- Taking part in any insurrection.
- War, or act of war. "War" means declared or undeclared war and includes resistance to armed aggression.
- An Accident that occurs while the person is serving on full-time active duty for more than 30 days in any armed forces. But this does not include Reserve or National Guard active duty for training.
- Commission of or attempt to commit a felony.
- Being intoxicated or under the influence of any narcotic or any hallucinogenic unless administered on the advice of a Doctor.

Q. Is there an additional cost associated with the Accidental Death & Dismemberment Benefit?

A. No. The Accidental Death & Dismemberment Benefit is included as part of the Basic Life Insurance and as part of the Optional Life Insurance Premium.

Q. If I should leave my job, is it possible for me to continue my Life Insurance Coverage?

A. Yes. Your Basic, Optional and Dependent Group Life Insurance Coverage will end the last day of the same month in which Your employment ended. However, in the 31 days following the termination of Your Coverage You can convert Your Basic Life Insurance, Optional Life Insurance and Dependent Group Life Insurance Coverage to an individual policy without having to furnish evidence of insurability. If You die during this 31 day period, this insurance will be paid whether or not You have applied for an individual policy.

Q. I am interested in providing protection for my family. How much protection does the Dependent Term Life Insurance plan provide?

A. It depends on which plan You choose for Your family. You have the option of selecting Coverage from one of the plans:

	SPOUSE	CHILDREN	
		0 to 6 mos.	6 mos. To 18 yrs.
Plan A*	\$10,000	\$2,500	\$5,000
Plan B*	\$5,000	\$1,500	\$3,000
Plan C	\$5,000	\$0.00	\$0.00
Plan D	\$10,000	\$0.00	\$0.00
Plan E*	\$0.00	\$2,500	\$5,000

*6 months to 18 years of age, or 18 and older if attending an educational institution and relying on You for financial support.

Spouse means a person to whom You are legally married.

Premium rates are current as of January 1, 2010.

Q. My spouse and I are both Employees, can each of us cover each other as a Dependent? Can each of us cover our children?

A. Yes, each of You may enroll for Dependent Group Life.

Q. What is the cost for the Dependent Term Life Insurance?

A. The monthly contributions for the Dependent Group Life are:

Plan A	\$10.90
Plan B	\$ 5.90
Plan C	\$ 2.50
Plan D	\$ 8.70
Plan E	\$ 3.60

Q. Who can be covered under the Dependent Term Life Insurance?

A. Eligible Dependents include Your spouse (to whom You are legally married) and unmarried Dependent children under age 18. Dependent children 18 and older can be covered providing they attend an educational institution and rely on You for financial support. Dependent children can not be covered if they are on active duty with the armed forces. Dependent children include: children by birth, adopted children, step children, foster children or other children that depend upon the Employee for support and live with the Employee in a regular parent-child relationship.

Q. Who is the Beneficiary for the Dependent Term Life?

A. Benefits will be paid to the Employee when a covered Dependent dies.

Q. Must I notify Group Life Insurance Administration if I have a newborn?

A. If You are enrolled in Plans A, B or E Your newborn is automatically covered.

Q. Can I enroll if I have a serious health condition?

A. Within 30 days of hire, You can enroll without providing evidence of insurability. After 30 days, an evidence of insurability statement must be completed and approved by the carrier.

Q. I do not have Dependents now. Can I enroll when I acquire a Dependent?

A. Yes. You can enroll within 30 days of first acquiring a Dependent.

Q. If I die, can my spouse continue his/her Coverage?

A. A Dependent can convert to an individual policy, should Your insurance end due to Your death.

Q. When does the Optional Term Life Insurance and/or Dependent Term Life start?

A. The additional insurance becomes effective on the first day of the second month from Your employment date. Evidence will be required if You enroll later than 30 days from the date of Your employment. If evidence of insurability is required, Coverage will be effective on the first day of the month following the date the insurance carrier accepts Your evidence of insurability.

Q. When does the Dependent Term Life Insurance end?

A. The Dependent Insurance will end on (1) on the last day of the same month in which Your employment ends, (2) if the plan is discontinued, (3) if You stop making contributions, (4) if the Dependent dies, (5) if the Dependent is no longer eligible or (6) Employee is no longer legally married (divorced).

Q. Are there any cash values under the Optional Life Insurance and/or Dependent Group Life?

A. No. This is strictly a term life insurance policy with no cash value. Term insurance is life insurance that remains in force only while the contribution is being paid. There is no cash value or paid-up value.

Q. When does the Optional Life Insurance end?

A. The Optional Life Insurance will end (1) on the last day of the same month in which Your employment ends, (2) if the plan is discontinued, (3) if You stop making contributions, or (4) if You are no longer an eligible Employee.

Q. If I decide I want less Coverage, can I decrease my Optional Term Life Insurance and Dependent Term Life Insurance?

A. Yes. Simply complete an application requesting a change to a Plan with less Coverage. Remember, if You decide to increase Your Coverage later, You must provide evidence of insurability.

Q. How can I change my Beneficiary?

A. You may obtain a new Beneficiary Designation form from Your insurance coordinator, the Group Life Insurance Branch or via the web. Complete and date the form and return it to Your insurance coordinator.

Q. Will I receive a certificate explaining my Coverage under the Commonwealth plan?

A. You will receive a Certificate of Coverage explaining the Benefits that are offered by the Commonwealth of Kentucky. An individual certificate showing detailed information regarding Your selected Coverage will be sent to Your home address.

Q. Does the insurance pay a Benefit when death is due to suicide?

A. Yes. But the Accidental Death Benefit that comes with Basic and Optional Insurance excludes payment when Loss of life is due to a suicide.

Q. Can I cancel my Optional Term Life Insurance and Dependent Term Life at any time?

A. Yes. Complete an application, checking Your intent to terminate Coverage and return the completed form to Your insurance coordinator. The request must be in writing with Your signature and date.

Q. Can I keep my Coverage if I transfer and have no break in service?

A. Yes. When You transfer the same Optional Term Life Insurance and Dependent Term Life will remain in effect unless You complete an enrollment form requesting a termination of Coverage. If You decide to enroll in or change Your Coverage, You would have to provide evidence of insurability to the insurance carrier and have approval before Your Coverage begins.

Q. How are Benefits obtained when there is a claim?

A. The Beneficiary on the policy should contact the Employee's insurance coordinator to complete the proof of death form. After completing the death claim, submit with required forms to the Group Life Insurance Branch. Any Premiums that have been paid after the Coverage is terminated will be refunded to the Employee or the Employee's estate.

Q. If I have additional questions, where can I get information?

A. You can contact Your insurance coordinator or You can call the Group Life Insurance Branch at (502)564-4774 or (800)267-8352. You may also visit the Group Life Insurance Branch via the web for additional information or forms.

Other Important Information

These materials may be available in alternate formats under the provisions of the Americans with Disabilities Act (ADA). Please ask Your Insurance Coordinator.

Important: This information is designed to answer some common questions about the Group Life and AD&D insurance Coverage being offered. It is not intended to provide a detailed description of this Coverage. If You become insured, a more detailed description of the insurance Coverage will be available in a group insurance certificate provided to You. The Benefits and provisions of the Insurance Contract are described in the Certificate. Final interpretations are governed by the Insurance Contract.



Nationwide Life Insurance Company
Home Office: Columbus, Ohio

Commonwealth of Kentucky
Employee Group Life Insurance Program
Enrollment/Change/Termination Form

Group Insurance Contract : 90002

On Your Side®

Please do not staple or attach other documents to this form. Please complete and print all information. Use black or blue ink only.

SSN		Location Name (Specify name of Agency, School Board or Health Dept.)	
Name (Last, First, MI)		Location Number	Birthdate
Address (Street Name/Number)	Annual Salary	Hire Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
(City, County, State, Zip)	Work Number	Home Number	

A. Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Eligible employees are insured at no cost to the employee for Basic Life and AD&D Insurance
ALL ELIGIBLE EMPLOYEES \$20,000 Cost: (employer paid)

B. Optional Life and Accidental Death and Dismemberment (AD&D) Insurance (Select One Plan)

I wish to ___ enroll* in, ___ change* to, ___ terminate the optional insurance plan checked below:

<input type="checkbox"/> Plan 1 \$5,000	<input type="checkbox"/> Plan 2 \$10,000	MONTHLY CONTRIBUTION AGE BAND RATE PER \$1,000
<input type="checkbox"/> Plan 3 100% of annual earnings**	<input type="checkbox"/> Plan 4 200% of annual earnings**	
		Under 40 \$0.25
		40 — 59 \$0.57
		60 and over \$0.90

* Evidence of insurability may be required depending on the circumstances and/or for Insurance over \$150,000.

** Under plans 3 and 4, Insurance amounts will be rounded to the nearest multiple of \$1,000. Amounts of insurance do not automatically increase with an earnings change.

C. Dependent Life Insurance (Select One Plan)

Please ___ enroll* my dependents in, ___ change* my present plan to, or ___ terminate the plan checked below:

	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan D	<input type="checkbox"/> Plan E
Spouse**	\$10,000	\$ 5,000	\$ 5,000	\$10,000	--
Dependent Children to 6 mos	\$ 2,500	\$ 1,500	--	--	\$ 2,500
Dependent Children 6 mos to 18 yrs***	\$ 5,000	\$ 3,000	--	--	\$ 5,000
MONTHLY CONTRIBUTION	\$ 10.90	\$ 5.90	\$ 2.50	\$ 8.70	\$ 3.60

* Evidence of insurability may be required depending on circumstances

** Spouse means a person to whom you are legally married

*** 18 and older if attending an educational institution and relying on the employee for financial support

D. Waiver of Optional Life and Dependents Coverage

☐ I certify that I have been given the opportunity to enroll myself and my eligible dependents in the above coverage. I have declined the Optional and/or Dependents Life coverage and understand that it will be necessary for me and my dependents to furnish evidence of insurability if I desire any of the above coverage in the future (other than during an open enrollment period or other exception detailed in the certificate booklet).

E. Fraud Warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

F. Employee Signature and Date (Required)

Employee Signature _____ Date _____

To Be Completed by the Insurance Coordinator

IC Signature _____	Date _____
Phone Number _____	Location # _____
Employment Hire Date _____	
Employment Termination Date _____	
Date of Qualifying Event _____	
Description of Qualifying Event _____	

Send PERSONNEL CABINET COPY TO:

Personnel Cabinet
Group Life Insurance Administration
501 High Street, 3rd Floor
Frankfort, KY 40601

Instructions

- Please print all information. All information should be filled in with black or blue ink only.
- Please do not staple or attach other documents to the enrollment form.
- An enrollment form will be required for all employees for initial setup if the employee only wants the basic coverage.
- Location name and number should be completed.
- Annual earnings are required when selecting Optional Plan 3 or 4.
- Only one plan may be selected for Optional Term Life Insurance coverage.
- Only one plan may be selected for Dependent Term Life Insurance coverage.
- For coverage over \$150,000 an evidence of insurability form has to be completed and approved by the insurance carrier before coverage can be set up.
- Spouse means a person to whom you are legally married.
- Child 18 or older can remain covered providing the child is a full-time student and relying on the employee for financial support.
- Signature and date required by the employee.
- Insurance Coordinator *should verify all information* and sign and date form.
- Description of Qualifying Event should be completed by the Insurance Coordinator. For example, leave without pay, military leave, birth of a child, marriage, transfer, earning increment, termination of employment or death.
- Date of Qualifying Event should be listed as the last day employee worked or official date of termination, not when the insurance will end.
- The original should be submitted to the Personnel Cabinet, Group Life Insurance Branch.
- Premium rates are current as of January 1, 2010. Rates may change as the insured enters a higher age category or if the plan experience requires a change for all insureds.



Nationwide Life Insurance Company
Home Office: Columbus, Ohio

**Commonwealth of Kentucky
Employee Group Life Insurance Program
Enrollment/Change/Termination Form**

Group Insurance Contract : 90002

On Your Side®

Please do not staple or attach other documents to this form. Please complete and print all information. Use black or blue ink only.

SSN		Location Name (Specify name of Agency, School Board or Health Dept.)	
Name (Last, First, MI)		Location Number	Birthdate
Address (Street Name/Number)	Annual Salary	Hire Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
(City, County, State, Zip)	Work Number	Home Number	

A. Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Eligible employees are insured at no cost to the employee for Basic Life and AD&D Insurance
ALL ELIGIBLE EMPLOYEES \$20,000 Cost: (employer paid)

B. Optional Life and Accidental Death and Dismemberment (AD&D) Insurance (Select One Plan)

I wish to ___ enroll* in, ___ change* to, ___ terminate the optional insurance plan checked below:

<input type="checkbox"/> Plan 1 \$5,000	<input type="checkbox"/> Plan 2 \$10,000	MONTHLY CONTRIBUTION AGE BAND RATE PER \$1,000
<input type="checkbox"/> Plan 3 100% of annual earnings**	<input type="checkbox"/> Plan 4 200% of annual earnings**	
		Under 40 \$0.25
		40 — 59 \$0.57
		60 and over \$0.90

* Evidence of insurability may be required depending on the circumstances and/or for Insurance over \$150,000.

** Under plans 3 and 4, Insurance amounts will be rounded to the nearest multiple of \$1,000. Amounts of insurance do not automatically increase with an earnings change.

C. Dependent Life Insurance (Select One Plan)

Please ___ enroll* my dependents in, ___ change* my present plan to, or ___ terminate the plan checked below:

	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan D	<input type="checkbox"/> Plan E
Spouse**	\$10,000	\$ 5,000	\$ 5,000	\$10,000	--
Dependent Children to 6 mos	\$ 2,500	\$ 1,500	--	--	\$ 2,500
Dependent Children 6 mos to 18 yrs***	\$ 5,000	\$ 3,000	--	--	\$ 5,000
MONTHLY CONTRIBUTION	\$ 10.90	\$ 5.90	\$ 2.50	\$ 8.70	\$ 3.60

* Evidence of insurability may be required depending on circumstances

** Spouse means a person to whom you are legally married

*** 18 and older if attending an educational institution and relying on the employee for financial support

D. Waiver of Optional Life and Dependents Coverage

☐ I certify that I have been given the opportunity to enroll myself and my eligible dependents in the above coverage. I have declined the Optional and/or Dependents Life coverage and understand that it will be necessary for me and my dependents to furnish evidence of insurability if I desire any of the above coverage in the future (other than during an open enrollment period or other exception detailed in the certificate booklet).

E. Fraud Warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

F. Employee Signature and Date (Required)

Employee Signature _____ Date _____

To Be Completed by the Insurance Coordinator

IC Signature _____ Date _____
Phone Number _____ Location # _____
Employment Hire Date _____
Employment Termination Date _____
Date of Qualifying Event _____
Description of Qualifying Event _____

Send *PERSONNEL CABINET COPY* TO:

Personnel Cabinet
Group Life Insurance Administration
501 High Street, 3rd Floor
Frankfort, KY 40601

Instructions

- Please print all information. All information should be filled in with black or blue ink only.
- Please do not staple or attach other documents to the enrollment form.
- An enrollment form will be required for all employees for initial setup if the employee only wants the basic coverage.
- Location name and number should be completed.
- Annual earnings are required when selecting Optional Plan 3 or 4.
- Only one plan may be selected for Optional Term Life Insurance coverage.
- Only one plan may be selected for Dependent Term Life Insurance coverage.
- For coverage over \$150,000 an evidence of insurability form has to be completed and approved by the insurance carrier before coverage can be set up.
- Spouse means a person to whom you are legally married.
- Child 18 or older can remain covered providing the child is a full-time student and relying on the employee for financial support.
- Signature and date required by the employee.
- Insurance Coordinator *should verify all information* and sign and date form.
- Description of Qualifying Event should be completed by the Insurance Coordinator. For example, leave without pay, military leave, birth of a child, marriage, transfer, earning increment, termination of employment or death.
- Date of Qualifying Event should be listed as the last day employee worked or official date of termination, not when the insurance will end.
- The original should be submitted to the Personnel Cabinet, Group Life Insurance Branch.
- Premium rates are current as of January 1, 2010. Rates may change as the insured enters a higher age category or if the plan experience requires a change for all insureds.



Nationwide Life Insurance Company
Home Office: Columbus, Ohio

On Your Side®

Commonwealth of Kentucky
Employee Group Life Insurance Program
Enrollment/Change/Termination Form

Group Insurance Contract : 90002

Please do not staple or attach other documents to this form. Please complete and print all information. Use black or blue ink only.

SSN		Location Name (Specify name of Agency, School Board or Health Dept.)	
Name (Last, First, MI)		Location Number	Birthdate
Address (Street Name/Number)	Annual Salary	Hire Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
(City, County, State, Zip)	Work Number	Home Number	

A. Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Eligible employees are insured at no cost to the employee for Basic Life and AD&D Insurance
ALL ELIGIBLE EMPLOYEES \$20,000 Cost: (employer paid)

B. Optional Life and Accidental Death and Dismemberment (AD&D) Insurance (Select One Plan)

I wish to ___ enroll* in, ___ change* to, ___ terminate the optional insurance plan checked below:

<input type="checkbox"/> Plan 1 \$5,000	<input type="checkbox"/> Plan 2 \$10,000	MONTHLY CONTRIBUTION AGE BAND RATE PER \$1,000 Under 40 \$0.25 40 — 59 \$0.57 60 and over \$0.90
<input type="checkbox"/> Plan 3 100% of annual earnings**	<input type="checkbox"/> Plan 4 200% of annual earnings**	

* Evidence of insurability may be required depending on the circumstances and/or for Insurance over \$150,000.

** Under plans 3 and 4, Insurance amounts will be rounded to the nearest multiple of \$1,000. Amounts of insurance do not automatically increase with an earnings change.

C. Dependent Life Insurance (Select One Plan)

Please ___ enroll* my dependents in, ___ change* my present plan to, or ___ terminate the plan checked below:

	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan D	<input type="checkbox"/> Plan E
Spouse**	\$10,000	\$ 5,000	\$ 5,000	\$10,000	--
Dependent Children to 6 mos	\$ 2,500	\$ 1,500	--	--	\$ 2,500
Dependent Children 6 mos to 18 yrs***	\$ 5,000	\$ 3,000	--	--	\$ 5,000
MONTHLY CONTRIBUTION	\$ 10.90	\$ 5.90	\$ 2.50	\$ 8.70	\$ 3.60

* Evidence of insurability may be required depending on circumstances

** Spouse means a person to whom you are legally married

*** 18 and older if attending an educational institution and relying on the employee for financial support

D. Waiver of Optional Life and Dependents Coverage

☐ I certify that I have been given the opportunity to enroll myself and my eligible dependents in the above coverage. I have declined the Optional and/or Dependents Life coverage and understand that it will be necessary for me and my dependents to furnish evidence of insurability if I desire any of the above coverage in the future (other than during an open enrollment period or other exception detailed in the certificate booklet).

E. Fraud Warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

F. Employee Signature and Date (Required)

Employee Signature _____ Date _____

To Be Completed by the Insurance Coordinator

IC Signature _____	Date _____
Phone Number _____	Location # _____
Employment Hire Date _____	
Employment Termination Date _____	
Date of Qualifying Event _____	
Description of Qualifying Event _____	

Send PERSONNEL CABINET COPY TO:

Personnel Cabinet
Group Life Insurance Administration
501 High Street, 3rd Floor
Frankfort, KY 40601

Instructions

- Please print all information. All information should be filled in with black or blue ink only.
- Please do not staple or attach other documents to the enrollment form.
- An enrollment form will be required for all employees for initial setup if the employee only wants the basic coverage.
- Location name and number should be completed.
- Annual earnings are required when selecting Optional Plan 3 or 4.
- Only one plan may be selected for Optional Term Life Insurance coverage.
- Only one plan may be selected for Dependent Term Life Insurance coverage.
- For coverage over \$150,000 an evidence of insurability form has to be completed and approved by the insurance carrier before coverage can be set up.
- Spouse means a person to whom you are legally married.
- Child 18 or older can remain covered providing the child is a full-time student and relying on the employee for financial support.
- Signature and date required by the employee.
- Insurance Coordinator *should verify all information* and sign and date form.
- Description of Qualifying Event should be completed by the Insurance Coordinator. For example, leave without pay, military leave, birth of a child, marriage, transfer, earning increment, termination of employment or death.
- Date of Qualifying Event should be listed as the last day employee worked or official date of termination, not when the insurance will end.
- The original should be submitted to the Personnel Cabinet, Group Life Insurance Branch.
- Premium rates are current as of January 1, 2010. Rates may change as the insured enters a higher age category or if the plan experience requires a change for all insureds.

IMPORTANT NOTICE

**Complete the BENEFICIARY FORM
on the following page.**

**A record of your beneficiary is required for both
Basic Term Life Insurance and Optional Term Life Insurance.**



On Your Side®

**Nationwide Life
Insurance Company**
Home Office: Columbus, Ohio

Commonwealth of Kentucky
Designation of Beneficiary
Employee Group Life Insurance Program

Group Insurance Contract: 90002

Please do not staple or attach other documents to this form. Please complete and print all information. Use black or blue ink only.

Employee Name (First, Middle Initial, Last)		SSN
State Agency, School District, or Health Department (Please specify location)		
Subject to the terms and conditions of the above numbered Group Policy, I request that any sum becoming payable by reason of my death be payable to the following beneficiary(ies). It is my understanding that this designation shall operate so as to revoke all designations of beneficiary previously made by me under the Group Policy.		
Employee Signature (Required)		Date (Required)

Note: Beneficiary designation is not valid unless this form is signed and dated.

Beneficiary Designation/Change – Check appropriate box(es). Please print all information.

1. Primary Beneficiary	Basic Life and AD&D <input type="checkbox"/>		Optional Life and AD&D <input type="checkbox"/>	
	Beneficiary Name (First, Middle Initial, Last)		Beneficiary Name (First, Middle Initial, Last)	
	Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
	SSN	Birthdate	SSN	Birthdate
2. Contingent Beneficiary	Basic Life and AD&D <input type="checkbox"/>		Optional Life and AD&D <input type="checkbox"/>	
	Beneficiary Name (First, Middle Initial, Last)		Beneficiary Name (First, Middle Initial, Last)	
	Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
	SSN	Birthdate	SSN	Birthdate
	Relationship	Percentage	Relationship	Percentage

Group Life coverage is issued by Nationwide Insurance, 5525 Parkcenter Circle, Dublin, Ohio 43017. Please refer to the Certificate of Insurance and Insurance Contract for all plan details, including any exclusions, limitations and restrictions which may apply.

For Your Information

Did you know that if your death occurs and a minor (a person not of legal age) or the insured's estate is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid? This means legal expenses for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.

Benefits payable because of your death will be paid to the beneficiary you name. If you do not name a beneficiary, or if you are not survived by one, benefits payable because of your death will be paid in equal shares to the first surviving class of the following:

(a) your spouse, (b) your children, (c) your parents, (d) your brothers and sisters, (e) your estate.

The Designation of Beneficiary is not valid unless this form is signed and dated.

Designation of Beneficiary must be on file with your employer and/or Life Insurance Branch at the time of your death to be accepted.

Instructions

- Please print all information. All information should be filled in with black or blue ink only.
- Please do not staple or attach other documents to the beneficiary form.
- Location name should be completed.
- Signature and date required by the employee.
- Please include the relationship of the beneficiary to the employee and the percentage of benefit to be paid.
- You may name one or more beneficiaries. If you name two or more surviving beneficiaries, they will share equally unless you specify otherwise by entering the percentage each beneficiary is to receive in the space provided. You may name or change beneficiaries at any time without the consent of a beneficiary.
- If a trust or trustee is named beneficiary, the written trust must be identified in the beneficiary designation. For example, "Dorothy Q. Sith, Trustee under the trust agreement dates _____. " Show the name and address of the trustee and the effective date of the trust agreement.
- Insurance Coordinator *should verify all information*.
- The original should be submitted to the Personnel Cabinet, Group Life Insurance Branch.
- If more room is needed, please attach a separate sheet and list all the beneficiary information. The form needs to be signed and dated the same as the original form.



On Your Side®

Nationwide Life Insurance Company
Home Office: Columbus, Ohio

Commonwealth of Kentucky
Designation of Beneficiary
Employee Group Life Insurance Program

Group Insurance Contract: 90002

Please do not staple or attach other documents to this form. Please complete and print all information. Use black or blue ink only.

Employee Name (First, Middle Initial, Last)		SSN
State Agency, School District, or Health Department (Please specify location)		
Subject to the terms and conditions of the above numbered Group Policy, I request that any sum becoming payable by reason of my death be payable to the following beneficiary(ies). It is my understanding that this designation shall operate so as to revoke all designations of beneficiary previously made by me under the Group Policy.		
Employee Signature (Required)		Date (Required)

Note: Beneficiary designation is not valid unless this form is signed and dated.

Beneficiary Designation/Change – Check appropriate box(es). Please print all information.

1. Primary Beneficiary	Basic Life and AD&D <input type="checkbox"/>		Optional Life and AD&D <input type="checkbox"/>	
	Beneficiary Name (First, Middle Initial, Last)		Beneficiary Name (First, Middle Initial, Last)	
	Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
	SSN	Birthdate	SSN	Birthdate
2. Contingent Beneficiary	Basic Life and AD&D <input type="checkbox"/>		Optional Life and AD&D <input type="checkbox"/>	
	Beneficiary Name (First, Middle Initial, Last)		Beneficiary Name (First, Middle Initial, Last)	
	Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
	SSN	Birthdate	SSN	Birthdate
	Relationship	Percentage	Relationship	Percentage

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Benefits payable because of your death will be paid to the beneficiary you name. If you do not name a beneficiary, or if you are not survived by one, benefits payable because of your death will be paid in equal shares to the first surviving class of the following:

(a) your spouse, (b) your children, (c) your parents, (d) your brothers and sisters, (e) your estate.

The Designation of Beneficiary is not valid unless this form is signed and dated.

Designation of Beneficiary must be on file with your employer and/or Life Insurance Branch at the time of your death to be accepted.

Instructions

- Please print all information. All information should be filled in with black or blue ink only.
- Please do not staple or attach other documents to the beneficiary form.
- Location name should be completed.
- Signature and date required by the employee.
- Please include the relationship of the beneficiary to the employee and the percentage of benefit to be paid.
- You may name one or more beneficiaries. If you name two or more surviving beneficiaries, they will share equally unless you specify otherwise by entering the percentage each beneficiary is to receive in the space provided. You may name or change beneficiaries at any time without the consent of a beneficiary.
- If a trust or trustee is named beneficiary, the written trust must be identified in the beneficiary designation. For example, "Dorothy Q. Sith, Trustee under the trust agreement dates _____. " Show the name and address of the trustee and the effective date of the trust agreement.
- Insurance Coordinator *should verify all information*.
- The original should be submitted to the Personnel Cabinet, Group Life Insurance Branch.
- If more room is needed, please attach a separate sheet and list all the beneficiary information. The form needs to be signed and dated the same as the original form.



On Your Side®

**Nationwide Life
Insurance Company**
Home Office: Columbus, Ohio

Commonwealth of Kentucky
Designation of Beneficiary
Employee Group Life Insurance Program

Group Insurance Contract: 90002

Please do not staple or attach other documents to this form. Please complete and print all information. Use black or blue ink only.

Employee Name (First, Middle Initial, Last)	SSN
State Agency, School District, or Health Department (Please specify location)	
Subject to the terms and conditions of the above numbered Group Policy, I request that any sum becoming payable by reason of my death be payable to the following beneficiary(ies). It is my understanding that this designation shall operate so as to revoke all designations of beneficiary previously made by me under the Group Policy.	
Employee Signature (Required)	Date (Required)

Note: Beneficiary designation is not valid unless this form is signed and dated.

Beneficiary Designation/Change – Check appropriate box(es). Please print all information.

1. Primary Beneficiary	Basic Life and AD&D <input type="checkbox"/>		Optional Life and AD&D <input type="checkbox"/>	
	Beneficiary Name (First, Middle Initial, Last)		Beneficiary Name (First, Middle Initial, Last)	
	Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
	SSN	Birthdate	SSN	Birthdate
	Relationship	Percentage	Relationship	Percentage
2. Contingent Beneficiary	Basic Life and AD&D <input type="checkbox"/>		Optional Life and AD&D <input type="checkbox"/>	
	Beneficiary Name (First, Middle Initial, Last)		Beneficiary Name (First, Middle Initial, Last)	
	Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
	SSN	Birthdate	SSN	Birthdate
	Relationship	Percentage	Relationship	Percentage

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Did you know that if your death occurs and a minor (a person not of legal age) or the insured's estate is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid? This means legal expenses for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.

Benefits payable because of your death will be paid to the beneficiary you name. If you do not name a beneficiary, or if you are not survived by one, benefits payable because of your death will be paid in equal shares to the first surviving class of the following:

(a) your spouse, (b) your children, (c) your parents, (d) your brothers and sisters, (e) your estate.

The Designation of Beneficiary is not valid unless this form is signed and dated.

Designation of Beneficiary must be on file with your employer and/or Life Insurance Branch at the time of your death to be accepted.

Instructions

- Please print all information. All information should be filled in with black or blue ink only.
- Please do not staple or attach other documents to the beneficiary form.
- Location name should be completed.
- Signature and date required by the employee.
- Please include the relationship of the beneficiary to the employee and the percentage of benefit to be paid.
- You may name one or more beneficiaries. If you name two or more surviving beneficiaries, they will share equally unless you specify otherwise by entering the percentage each beneficiary is to receive in the space provided. You may name or change beneficiaries at any time without the consent of a beneficiary.
- If a trust or trustee is named beneficiary, the written trust must be identified in the beneficiary designation. For example, "Dorothy Q. Sith, Trustee under the trust agreement dates _____. " Show the name and address of the trustee and the effective date of the trust agreement.
- Insurance Coordinator *should verify all information*.
- The original should be submitted to the Personnel Cabinet, Group Life Insurance Branch.
- If more room is needed, please attach a separate sheet and list all the beneficiary information. The form needs to be signed and dated the same as the original form.



On Your Side®

Nationwide Life Insurance Company

Commonwealth of Kentucky

Employee Term Life Coverage

Basic and Optional Plans

Dependents Term Life Coverage

Accidental Death and
Dismemberment Coverage

Basic and Optional Plans



Foreword

We are pleased to present you with this Certificate of Coverage. It describes the program of benefits we have arranged for you and what you have to do to be covered for these benefits.

We believe this program provides worthwhile protection for you and your family.

Please read this information carefully. If you have any questions about the program, we will be happy to answer them.

IMPORTANT NOTICE: *The Benefits and provisions of the Insurance Contract are described in this Certificate. Please read Your Certificate carefully and keep it in a safe place.*

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Schedule of Benefits

Covered Classes: The "Covered Classes" are these Employees of the Contract Holder who are Members who (a) contribute to one of the state administered retirement systems, and (b) are one of the following:

- 1) An Employee or an elected state official of the Commonwealth of Kentucky who is regularly employed by any department, board, agency, commission, authority or branch of state government, including federally funded time limited positions.
- 2) An elected state official of the Commonwealth of Kentucky includes Members of the General Assembly, Judge of the Court of Justice, Circuit Clerks, Commonwealth Attorneys and Property Valuation Administrators.
- 3) An Employee of a local board of education who is a teacher or classified Employee regularly employed in the public school systems of the Commonwealth of Kentucky.
- 4) A board of health department Employee who is a regularly employed Employee of a county or district board of health department, which elected to have its Employees insured under this Group Contract.
- 5) An Employee of a quasi-agency whose Employer pays into a state-sponsored retirement system and have elected to participate in the state sponsored life Coverage.

You are not a Member if You are:

- 1) A temporary or seasonal Employee; or
- 2) A full time Member of the armed forces of any country.

Program Date: January 1, 2010. This Certificate of Coverage describes the benefits under the Group Contract as of the Program Date.

- The benefits listed in your Certificate of Coverage are insured under a Group Contract issued by Nationwide. All benefits are subject in every way to the entire Group Contract which includes the Group Insurance Certificate. It alone forms the agreement under which payment of insurance is made.

BASIC EMPLOYEE TERM LIFE COVERAGE

BENEFIT AMOUNTS:

Amount for Each Benefit Class:

Benefit Classes	Amount of Insurance
All Employees	\$20,000

Effect of Option to Accelerate Payment of Death Benefits: Your amount of insurance (as determined in the absence of this provision) will be reduced by the amount of any Terminal Illness Proceeds paid under the Option to Accelerate Payment of Death Benefits.

OPTIONAL EMPLOYEE TERM LIFE COVERAGE

You may enroll for one of the options below. The option for which You enroll will be recorded by Your Employer and reported to Nationwide.

BENEFIT AMOUNTS:

<u>Benefit Classes</u>	<u>Amount of Insurance</u>
Plan 1	\$5,000
Plan 2	\$10,000
Plan 3	100% of Your annual Earnings *
Plan 4	200% of Your annual Earnings *

*If this amount is not a multiple of \$1,000, it will be rounded to the nearest multiple of \$1,000.

The Definitions section explains what "Earnings" means.

Non-medical Limit on Amount of Insurance: There is a limit on the amount for which You may be insured without submitting evidence of insurability. This is called the Non-medical Limit.

If the amount of insurance for Your Class at any time is more than the Non-medical Limit, You must give evidence of insurability satisfactory to Nationwide before the part over the limit can become effective.

This requirement applies: when You first become insured; when Your Class changes; if You request an increase in Your Amount of Insurance; or if the amount for Your Class is changed by an amendment to the Group Contract. Even if You are insured for an amount over the limit, You will still have to meet this evidence requirement before any increase in Your amount of insurance can become effective. The amount of Your insurance will be increased to the amount for Your Class when Nationwide decides the evidence is satisfactory and You meet the Active Work Requirement.

Non-medical Limit: \$150,000

The Delay of Effective Date section does not apply to this provision.

Note: The Non-medical Limit does not apply to any amount of insurance for which You were insured under another Group Contract providing Employee term life Coverage for Employees of the Employer on the day prior to the Program Date.

Increases and Decreases: You may elect to have Your amount of insurance under the Coverage changed. You must do this on a form approved by Nationwide and agree to make any required contributions. If You apply for an increase in Optional Term Life Coverage due to a change in Your rate of Earnings, evidence is not required if You apply for the increase within 31 days of the change.

If You request an increase without a qualifying event, You must give evidence of insurability. The amount of Your insurance will be increased when Nationwide decides the evidence is satisfactory and You meet the Active Work Requirement.

If You request a decrease, the amount of Your insurance will be decreased effective the first of the next month from the date of Your written request.

Effect of Option to Accelerate Payment of Death Benefits: Your amount of insurance (as determined in the absence of this provision) will be reduced by the amount of any Terminal Illness Proceeds paid under the Option to Accelerate Payment of Death Benefits.

DEPENDENTS TERM LIFE COVERAGE

The amount of insurance is the amount for Your Benefit Class. You may enroll Your Qualified Dependents in one of the plans listed below. The option for which You enroll will be recorded by Your Employer and reported to Nationwide. Your Benefit Class is determined by the classification of Your Dependents and the amount for which You enroll as shown in this table.

Qualified Dependents Benefit Class	Amount of Insurance				
	Plan A	Plan B	Plan C	Plan D	Plan E
Spouse	\$10,000	\$5,000	\$5,000	\$10,000	\$0.00
Each Child					
To 6 months	\$2,500	\$1,500	\$0.00	\$0.00	\$2,500
6 months to 18 years*	\$5,000	\$3,000	\$0.00	\$0.00	\$5,000
Monthly Premium	\$10.90	\$5.90	\$2.50	\$8.70	\$3.60

The amount of Dependents Term Life Coverage for Your spouse or child may not exceed 50% of the amount of Your Employee Term Life Coverage.

*or a child 18 or older who is a registered student in full-time attendance at an accredited educational institution.

ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

BENEFIT AMOUNTS UNDER BASIC EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE:

Amount for Each Benefit Class: An amount equal to the amount for which You are insured under the Basic Employee Term Life Coverage. For this purpose only, that amount will be the amount as determined above, except that if Your Basic Employee Term Life Coverage is reduced by any amount paid under the Option to Accelerate Payment of Death Benefits, that reduction will not apply to this Coverage.

BENEFIT AMOUNTS UNDER OPTIONAL EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE:

Amount for Each Benefit Class: An amount equal to the amount for which You are insured under the Optional Employee Term Life Coverage. For this purpose only, that amount will be the amount as determined above, except that if Your Optional Employee Term Life Coverage is reduced by any amount paid under the Option to Accelerate Payment of Death Benefits, that reduction will not apply to this Coverage.

ADDITIONAL BENEFITS UNDER BASIC AND OPTIONAL EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE:

For the purposes of determining benefits under the Coverage, Amount of Insurance does not include any additional amount payable as shown below:

Additional Benefit for Seat Belt and Airbag: If a Benefit due to Your Accidental Loss of life becomes payable under the terms of the Insurance Contract and You were:

Wearing a Seat Belt, an additional amount equal to the lesser of:

- 1) 10% of Your Amount of Insurance; and
- 2) \$15,000

In an Automobile equipped with Air Bag(s), an amount equal to the lesser of:

- 1) 10% of Your Amount of Insurance; and
- 2) \$10,000

Additional Benefit for Repatriation: If You sustain a covered Accidental Loss of life more than 75 miles from Your normal place of residence, the Insurance Contract will pay no more than \$5,000 toward the transportation of the deceased body.

Additional Benefit for Common Carrier Accident: If You sustain a covered Accidental Injury as a result of a Common Carrier Accident, an Additional Benefit of 50% of the amount payable for the Covered Loss will be paid.

OTHER INFORMATION

Contract Holder: COMMONWEALTH OF KENTUCKY

Group Contract No: 90002

Cost of Insurance: Insurance under the Coverage(s) listed below is Non-Contributory Insurance.

Basic Employee Term Life Coverage

Basic Accidental Death and Dismemberment Coverage

Insurance under the other Coverage(s) in the Certificate is Contributory Insurance. You will be informed of the amount of Your contribution when You enroll. Any contribution due but unpaid at Your death will be deducted from the death benefit.

Nationwide's Address:

Nationwide Insurance
5525 Parkcenter Circle
Dublin Ohio 43017

WHEN YOU HAVE A CLAIM

Each time a claim is made, it should be made without delay. Please contact your Employer or the Commonwealth of Kentucky, Group Life Insurance Branch to file a claim form. Once the claim form is received, make sure to follow all instructions and guidelines on the form.

Who is Eligible to Become Insured

FOR EMPLOYEE INSURANCE

You are eligible for Employee Insurance while:

- You are a full-time Employee of the Employer; and
- You are in a Covered Class; and
- You have completed the Employment Waiting Period, if any. You may need to work for the Employer for a continuous full-time period before You become eligible for the Coverage. This continuous period is fulfilled upon attainment of the first day of the second calendar month following the date You become a Member. This period must be agreed upon by the Employer and Nationwide.
- **You are full-time** if You are regularly working for the Employer at least the number of hours for Your class.

Your class is determined by the Contract Holder. This will be done under its rules, on dates it sets. The Contract Holder must not discriminate among persons in like situations. You cannot belong to more than one class for insurance on each basis, Contributory or Non-contributory Insurance, under a Coverage. "Class" means Covered Class, Benefit Class or anything related to work, such as position or Earnings, which affects the insurance available.

Exceptions: A full-time Employee working for two agencies covered under the state sponsored life insurance plan *will only be eligible for one life Insurance Contract* under the Commonwealth contract.

This applies if You are an Employee of more than one agency of an employer included under the Group Contract: For the insurance, You will be considered an Employee of only one of those agencies. Your service with the others will be treated as service with that one. The rules for obtaining Employee Insurance are in the When You Become Insured section.

FOR DEPENDENTS INSURANCE

You are eligible for Dependents Insurance while:

- You are eligible for Employee Insurance; and
- You have a Qualified Dependent.

Qualified Dependents:

These are the persons for whom You may obtain Dependents Insurance:

- Your spouse to whom You are legally married.
- Your unmarried children from live birth to 18 years old.

Your children include Your legally adopted children, children placed with You for adoption prior to legal adoption, and each of Your stepchildren and foster children who depend on You for support and maintenance. A child placed with You for adoption prior to legal adoption is considered Your Qualified Dependent from the date of placement for adoption, and is treated as though the child were a newborn child born to You. Qualified Dependent also includes other children that depend on You for support and live with You in a regular parent-child relationship.

Exceptions:

- 1) The age 18 does not apply to a child who:
 - a. depends on You for support and maintenance; and
 - b. Is enrolled as a full-time student in a school.
- 2) Your spouse or child is not Your Qualified Dependent while on active duty in the armed forces of any country.

The rules for obtaining Dependents Insurance are in the When You Become Insured section.

When You Become Insured

FOR EMPLOYEE INSURANCE

Your Employee Insurance under a Coverage will begin the first day on which:

- You have enrolled, if the Coverage is Contributory Insurance; and
- You are eligible for Employee Insurance; and
- You are in a Covered Class for that insurance; and
- You have met any evidence requirement for Employee Insurance; and
- Your insurance is not being delayed under the Delay of Effective Date section below; and
- That Coverage is part of the Group Contract.

For Contributory Insurance, You must enroll on a form approved by Nationwide and agree to pay the required contributions. Your Employer will tell You whether contributions are required and the amount of any contribution when You enroll.

At any time, the benefits for which You are insured are those for Your class, unless otherwise stated.

When evidence is required: In any of these situations, You must give evidence of insurability. This requirement will be met when Nationwide decides the evidence is satisfactory.

- 1) For Contributory Insurance, You enroll more than 31 days after You could first be covered.
- 2) You enroll after any of Your insurance under the Group Contract ends because You did not pay a required contribution.
- 3) You wish to become insured for life insurance and have an individual life insurance contract which You obtained by converting Your insurance under a Coverage of the Group Contract.
- 4) You have not met a previous evidence requirement to become insured under any Nationwide group contract covering Employees of the Employer.

FOR DEPENDENTS INSURANCE

Your Dependents Insurance under a Coverage for a person will begin the first day on which all of these conditions are met:

- You have enrolled for Dependents Insurance under the Coverage, if the Coverage is Contributory Insurance.
- The person is Your Qualified Dependent.
- You are in a Covered Class for that insurance.
- You are insured for the Employee Insurance, if any, under that Coverage. To be insured for a Qualified Dependent under the Dependents Term Life coverage, You must be insured under an Employee Term Life Coverage of the Group Contract.
- You have met any evidence requirement for that Qualified Dependent.
- Your insurance for that Qualified Dependent is not being delayed under the Delay of Effective Date section below.
- Dependents Insurance under that Coverage is part of the Group Contract.

For Contributory Insurance, You must enroll on a form approved by Nationwide and agree to pay the required contributions. Your Employer will tell You whether contributions are required and the amount of any contribution when You enroll.

At any time, the Dependents Insurance benefits for which You are insured are those for Your class, unless otherwise stated.

When evidence is required: In any of these situations, You must give evidence of insurability for a Qualified Dependent spouse. This requirement will be met when Nationwide decides the evidence is satisfactory. Evidence is not required for a Qualified Dependent child.

- 1) For Contributory Insurance, You enroll for Dependents Insurance under a Coverage more than 31 days after You are first eligible for Dependents Insurance.
- 2) You enroll for Dependents Insurance after any insurance under the Group Contract ends because You did not pay a required contribution.
- 3) The Qualified Dependent is a person for whom a previous requirement for evidence of insurability has not been met. The evidence was required for that person to become covered for an insurance, as a Dependent of an Employee. That insurance is or was under any Nationwide group contract for Employees of the Employer.

While You are insured for Dependents Insurance under a Coverage, the evidence requirement will not apply to a new Dependent.

Change in Family Status: It is important that You inform the Employer promptly when You first acquire a Qualified Dependent. You should also inform the Employer if Your Dependents Insurance status changes from one to another of these categories:

- No Qualified Dependents
- Qualified Dependent spouse only
- Qualified Dependent spouse and children
- Qualified Dependent children only

If You are insured under a Coverage for one or more children, You need not report additional children.

Forms are available for reporting these changes.

Delay of Effective Date

FOR EMPLOYEE INSURANCE

Your Employee Insurance under a Coverage will be delayed if You do not meet the Active Work Requirement on the day Your insurance would otherwise begin. Instead, it will begin on the first day You meet the Active Work Requirement and the other requirements for the insurance. The same delay rule will apply to any change in Your insurance that is subject to this section. If You do not meet the Active Work Requirement on the day that change would take effect, it will take effect on the first day You meet that requirement.

Employee Term Life Coverage

FOR YOU ONLY

A. DEATH BENEFIT WHILE A COVERED PERSON

If You die while a Covered Person, the amount of Your Employee Term Life Insurance under this Coverage is payable when Nationwide received written proof of death.

B. DEATH BENEFIT DURING CONVERSION PERIOD

A death benefit is payable under this section B if You die:

- 1) within 31 days after You cease to be a Covered Person; and
- 2) while entitled (under section C) to convert Your Employee Term Life Insurance under this Coverage to an individual contract.

The amount of the benefit is equal to the amount of Employee Term Life Insurance under this Coverage You were entitled to convert. It is payable even if You did not apply for conversion. It is payable when Nationwide received written proof of death.

C. CONVERSION PRIVILEGE

If You cease to be insured for the Employee Term Life Insurance of the Group Contract for one of the reasons stated below, You may convert all or part of Your insurance under this Coverage, which then ends, to an individual life insurance contract. Evidence of insurability is not required. The reasons are:

- 1) Your employment terminates while the Insurance Contract is in force or Your membership in a Covered Class terminates.
- 2) The Insurance Contract terminates or the Insurance Contract is amended to cancel the insurance on the Covered class under which You were insured as shown in the Schedule of Benefits. You must have been insured under the Group Contract for at least 5 years.

Any such conversion is subject to the rest of this section C.

Availability: You must apply for the individual contract and pay the first premium within 31 days after You cease to be insured for the Employee Term Life Insurance.

Individual Contract Rules: The individual contract must conform to the following:

Amount: Not more than Your Employee Term Life Insurance under this Coverage when Your insurance ends. But, if it ends because all term life insurance of the Group Contract for Your class ends, the total amount of individual insurance which You may get in place of all Your life insurance then ending under the Group Contract will not exceed the lesser of the following:

- 1) The total amount of all Your life insurance then ending under the Group Contract reduced by the amount of group life insurance from any carrier for which You are or become eligible within the next 31 days.
- 2) \$10,000.

Form: Any form of a life insurance contract that:

- 1) conforms to Title VII of the Civil Rights Act of 1964, as amended, having no distinction based on sex; and
- 2) is one that Nationwide usually issues at the age and amount applied for.

This does not include term insurance or a contract with disability or supplementary benefits.

Premium: Based on Nationwide's rate as it applies to the form and amount, and to Your class of risk and age at the time.

Effective Date: The end of the 31 day period during which You may apply for it.

Any death benefit provided under a section of this Coverage is payable according to that section and the Beneficiary and Mode of Settlement Rules.

OPTION TO ACCELERATE PAYMENT OF DEATH BENEFITS

The following is added to the Employee Term Life Coverage provision:

Definitions

- **Terminally Ill Employee:** An employee whose life expectancy is 12 months or less.
- **Terminal Illness Proceeds:** The amount of Employee Term Life Insurance that You may elect to place under this option. The Terminal Illness Proceeds are equal to 75% of the amount in force on Your life on the date Nationwide received the proof that You are a Terminally Ill Employee, but not more than \$250,000.

Option: If You become a Terminally Ill Employee while insured under the Employee Term Life Insurance provision or while Your death benefit protection is being extended under the Employee Term Life Coverage provision, You may elect to have the Terminal Illness Proceeds placed under this option. That election is subject to the conditions set forth below.

Payment of Terminal Illness Proceeds: If You elect this option, Nationwide will pay the Terminal Illness Proceeds You place under this option in one sum when it receives proof that You are a Terminally Ill Employee.

If You do not want the Terminal Illness Proceeds in one sum, You may elect to have them paid in 12 equal monthly installments. The first monthly payment will be due when Nationwide received proof that You are a Terminally Ill Employee. The other payments are due on the same day of each later month.

To Whom Payable: The benefits under this provision are payable to You.

Amount Due But Unpaid at Your Death: If You elect monthly installments and You die before all payments have been made, Nationwide will pay Your Beneficiary or Beneficiaries determined under the Beneficiary Rules in one sum. That sum will be the total of the payments that remain.

Conditions: Your right to be paid under this option is subject to these terms:

- 1) You must choose this option in writing in a form that satisfies Nationwide.
- 2) You must furnish proof that satisfies Nationwide that Your life expectancy is 12 months or less, including certification by a Doctor.
- 3) Your Employee Term Life Insurance must not be assigned.
- 4) Terminal Illness Proceeds will be made available to You on a voluntary basis only. Therefore:
 - a. If You are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, You are not eligible for this benefit.
 - b. If You are required by a government agency to use this option in order to apply for, get or keep a government benefit or entitlement, You are not eligible for this benefit.

Effect on Insurance: This benefit is in lieu of the benefits that would have been paid on Your death with respect to the Terminal Illness Proceeds. When You elect this option, the total amount of Employee Term Life Insurance otherwise payable on Your death, including any amount under an extended death benefit, will be reduced by the Terminal Illness Proceeds. Also, any amount You could otherwise have converted to an individual contract will be reduced by the Terminal Illness Proceeds.

Dependents Term Life Coverage

FOR YOUR DEPENDENTS ONLY

A. DEATH BENEFIT WHILE A COVERED PERSON

If a Dependent dies while a Covered Person, the amount of insurance on that Dependent under this Coverage is payable when Nationwide receives written proof of death.

B. DEATH BENEFIT DURING A CONVERSION PERIOD

A death benefit is payable under this section B if a Dependent dies:

- 1) within 31 days after ceasing to be a Covered Person; and
- 2) while entitled (under section C) to a conversion of the insurance under this Coverage to an individual contract.

The amount of the benefit is equal to the amount of Dependents Term Life Coverage which could have been converted. It is payable even if conversion was not applied for. It is payable when Nationwide receives written proof of death.

C. CONVERSION PRIVILEGE

If Your Qualified Dependent ceases to be insured for the Dependents Term Life Coverage of the Group Contract for one of the reasons stated below, he or she may convert all or part of their insurance under this Coverage to an individual life insurance contract. Evidence of insurability is not required. The reasons are:

- 1) Insured Member's employment terminates while the Insurance Contract is in force or Your Dependents membership in a Covered Class terminates.
- 2) Insured Member's death.
- 3) Your Qualified Dependent ceases to be a Dependent as defined under Qualified Dependent.
- 4) The Insurance Contract terminates or the Insurance Contract is amended to cancel the insurance on the Insured Member's class under which Your Dependent was insured as shown in the Schedule of Benefits. You must have been insured under the Group Contract for at least 5 years.

Any such conversion is subject to the rest of this section C.

Availability: The individual contract must be applied for and the first premium must be paid within 31 days after You cease to be insured for Dependents Term Life Coverage with respect to the Dependent.

Individual Contract Rules: The individual contract must conform to the following:

Amount: Not more than the amount of Dependents Term Life Coverage on the Dependent ending under this Coverage. But, if it ends because all the Dependents Term Life Coverage of the Group Contract for Your class ends or the Insurance Contract ends, the total amount of individual insurance which may be obtained in place of all of the Dependents Term Life Coverage on the Dependent then ending under the Group Contract will not exceed the lesser of the following:

- 1) The total amount of all Your Dependents Term Life Coverage on the Dependent then ending under the Group Contract reduced by the amount of group life insurance from any carrier for which You are or become eligible with respect to the Dependent within the next 31 days.
- 2) \$10,000.

Form: Any form of a life insurance contract that:

- 1) conforms to Title VII of the Civil Rights Act of 1964, as amended, having no distinction based on sex; and
- 2) is on that Nationwide usually issues at the age and amount applied for.

This does not include term insurance or a contract with disability or supplementary benefits.

Premium: Based on Nationwide's rate as it applies to the form and amount, and to the Dependent's class of risk and age at the time.

Effective Date: The end of the 31 day period during which it may be applied for.

Any death benefit provided under a section of this Coverage is payable to You. If You are not living at the death of a Dependent, the death benefit is payable to the Dependent's estate or, at Nationwide's option, to any one or more of these surviving relatives of the Dependent: wife; husband; mother; father; children; brothers; sisters.

Accidental Death and Dismemberment Coverage

FOR YOU

This Coverage pays benefits for Accidental Loss. Loss means the person's:

- 1) loss of life;
- 2) total and permanent loss of sight;
- 3) loss of hand or foot by severance at or above the wrist or ankle;
- 4) total and permanent loss of speech;
- 5) total and permanent loss of hearing in both ears
- 6) loss of thumb and index finger of the same hand by severance at or above the metacarpophalangeal joint;
- 7) loss due to Quadriplegia, Paraplegia, Hemiplegia or Uniplegia; or
- 8) loss due to Coma.

Definitions under Accidental Death and Dismemberment Coverage

Quadriplegia means the complete and irreversible paralysis of both upper and both lower limbs.

Paraplegia means the complete and irreversible paralysis of both lower limbs.

Hemiplegia means the complete and irreversible paralysis of the upper and lower limbs on one side of the body.

Uniplegia means the complete and irreversible paralysis of one limb.

Coma means a profound state of unconsciousness from which the person cannot be aroused, even by powerful stimulation, as determined by the person's physician.

A. BENEFITS

Benefits for Accidental Loss are payable only if all of these conditions are met:

- 1) The person sustains an Accidental bodily Injury while a Covered Person.
- 2) The Loss results directly from the Injury and from no other cause.
- 3) The person suffers the Loss within 180 days after the Accident. But if the Loss is due to:
 - a. Quadriplegia, Paraplegia, Hemiplegia, or Uniplegia the person suffers the Loss within 365 days after the Accident.
 - b. Coma, that Loss:
 - i. begins within 31 days after the Accident; and
 - ii. continues for one month; and
 - iii. is total, continuous and permanent at the end of that one month period.

Any benefit for a Loss due to Coma will not begin until the end of the one-month period in (iii) above.

For the purposes of the Coverage:

- 1) Exposure to the elements will be considered an Accidental Injury.
- 2) It will be presumed that the person has suffered a Loss of life if the person's body has not been found within one year of disappearance, stranding, sinking or wrecking of any vehicle in which the person was an occupant.

Not all such Losses are covered. See Losses Not Covered below.

Benefit Amount Payable: The amount payable depends on the type of Loss as shown below. All benefits are subject to the Limitation Per Accident below.

Loss of or by Reason of	Percent of the Person's Amount of Insurance
-------------------------	--

Life	100%
The sight of both eyes	100%
Either both hands <u>or</u> both feet	100%
One hand <u>and</u> one foot	100%
The sight of one eye <u>and</u> either one hand <u>or</u> one foot	100%
Speech <u>and</u> hearing in both ears	100%
Either one arm <u>or</u> one leg	75%
Either one hand <u>or</u> one foot	50%
The sight of one eye <u>or</u> hearing in one ear	50%
Speech <u>or</u> hearing in both ears	100%
Both the thumb <u>and</u> index finger of one hand	25%
Both thumbs of both hands	25%
All four fingers of one hand	25%
All of the toes of one foot	12.5%
Quadriplegia	100%
Paraplegia	100%
Hemiplegia	100%
Uniplegia	25%
Coma	1% per month,
.....	up to 100 months

Limitation Per Accident: No more than the Amount of Insurance on a person at the time of the Accident will be paid for all Losses resulting from Injuries sustained in that Accident.

B. LOSSES NOT COVERED.

A Loss is not covered if it results from any of these:

- 1) Suicide or attempted suicide, while sane or insane.
- 2) Intentionally self-inflicted Injuries, or any attempt to inflict Injuries.
- 3) Sickness, whether the Loss results directly or indirectly from the Sickness.
- 4) Medical or surgical treatment of Sickness, whether the Loss results directly or indirectly from the treatment.
- 5) Any infection. But, this does not include:
 - a. A pyogenic infection resulting from an Accidental cut or wound; or
 - b. A bacterial infection resulting from Accidental ingestion of a contaminated substance.
- 6) Taking part in an insurrection.
- 7) War, or any act of war. "War" means declared or undeclared war and includes resistance to armed aggression.
- 8) An Accident that occurs while the person is serving on full-time active duty for more than 30 days in any armed forces. But, this does not include Reserve or National Guard active duty for training.
- 9) Commission of or attempt to commit a felony.
- 10) Being intoxicated or under the influence of any narcotic or any hallucinogenic unless administered on the advice of a Doctor.

Additional Benefits under Accidental Death and Dismemberment Coverage

An additional benefit may be payable for a Loss for which a benefit is payable under the other terms of this Coverage or would be payable except for the Limitation Per Accident of those terms. Any such benefit is payable in addition to any other benefit payable under this Coverage. Any additional conditions that apply to an additional benefit are shown below. An additional benefit is payable only if those conditions are met.

1) Additional Benefit for Seat Belt and Air Bag

If a Benefit due to Your Accidental Loss of life becomes payable under the terms of the Insurance Contract, We will pay an Additional Benefit, called the Seat Belt and Air Bag Benefit, if You were wearing a Seat Belt and the Automobile was equipped with Air Bag(s) at the time of the Accident, subject to all of the terms and limitations of the Insurance Contract and all of the following conditions:

1. The Seat Belt Benefit equals the lesser of (i) \$15,000 or (ii) 10% of the amount of the Accidental Death and Dismemberment Insurance Benefit paid because of Your Accidental death in accordance with the Schedule of Losses.
2. The Air Bag Benefit equals the lesser of (i) \$10,000 or (ii) 10% of the amount of the Accidental Death and Dismemberment Insurance Benefit paid because of Your Accidental death in accordance with the Schedule of Losses.
3. Satisfactory Proof that Your death resulted from an Automobile Accident independent of all other causes, and that You were wearing a Seat Belt at the time of the Accident must be received at the time of Claim. Proof that the Automobile was equipped with Air Bags may also be required.
4. No payment will be made for an Air Bag Benefit if at the time of the Accident You were not in a seat for which the Automobile provided an Air Bag, and wearing a Seat Belt.
5. A copy of the police Accident report must be submitted with the Claim. The report must certify the position of the Seat Belt.
6. No payment will be made for the Seat Belt or Air Bag Benefit for any Covered Person who is driving or riding as a passenger if:
 - (a) being intoxicated or under the influence of any narcotic or any hallucinogenic unless administered on the advice of a Doctor; or
 - (b) the use of any intoxicant or drug by the driver or operator or any passenger of the Automobile is determined to be a contributing cause of the Accident, whether or not the intoxicant or drug was prescribed by a Provider.
 - (c) a Loss is not covered under this additional benefit if it results from driving or riding in any Automobile used in a race or a speed or endurance test, or for acrobatic or stunt driving.

The Additional Benefit for Seat Belt and Air Bag will be payable to Your Beneficiary, as determined in accordance with the Beneficiary provisions under the Insurance Contract.

Definitions for this Seat Belt and Air Bag Benefit

Seat Belt: A properly installed seat belt, lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration.

Automobile: A motor vehicle licensed for use on public highways which is a self-propelled passenger vehicle that has four wheels and an internal combustion engine. It may include electric passenger vehicles and certain hybrids. It excludes all other motorized vehicles. The automobile must be a personally owned vehicle.

Air Bag: An inflatable supplemental passive restraint system installed by the manufacturer of the Automobile that inflates upon collision to protect an individual from Injury and death.

2) Additional Benefit for Repatriation

If You sustain Accidental Loss of life more than 75 miles from Your normal place of residence and indemnity for such Loss becomes payable under the terms of the Insurance Contract, We will reimburse expenses incurred for

the transportation of the body of the deceased person, subject to all of the terms and limitations of the Insurance Contract and all of the following conditions:

1. Reimbursement for all expenses under this Additional Benefit will not exceed \$5,000; and
2. Eligible expenses will include transportation of the body, and charges directly related to the preparation of the body for such transportation; and
3. Transportation of the body will be to the first resting place (including, but not limited to, a funeral home or the place of interment) in proximity to the normal place of residence of the deceased; and
4. Satisfactory proof of the actual expenses will be required at the time of Claim.

The Additional Benefit will be paid to Your Beneficiary, as determined in accordance with the Beneficiary provision under the Insurance Contract.

3) Additional Benefit for Common Carrier Accident

If You sustain an Accidental Injury which results in a Loss payable under the terms of the Insurance Contract, an Additional Benefit of 50% of the amount payable for the Covered Loss as indicated in the Schedule of Losses will be paid, if Your Injury is sustained:

1. while You are boarding, riding, or exiting as a fare-paying passenger in a Common Carrier ; or
2. as a direct result of the burning of the hotel, theater, school or government building within which You are present at the time the fire begins.

Definition for this Benefit for Common Carrier Accident

Common Carrier: A government licensed and regulated entity that is in the business of transporting fare paying passengers. The term Common Carrier does not include:

- privately arranged transportation; or
- taxis; or
- limousines.

General Information

BENEFICIARY RULES

The rules in this section apply to insurance payable on account of Your death, when the Coverage states that they do. But these rules are modified by any burial expenses rule in the Schedule of Benefits and, if there is an assignment, by the following section: Limits on Assignments; and Effect of Gift Assignment of Rights of Group Life Insurance Under Another Group Contract.

Beneficiary means a person chosen, on a form approved by Nationwide, to receive the insurance benefits.

You have the right to choose a Beneficiary for each Coverage under this Nationwide Group Contract.

If there is a Beneficiary for the insurance under a Coverage, the insurance benefit amount is payable to that Beneficiary. Any amount of insurance under a Coverage for which there is no Beneficiary at Your death will be payable to the first of the following: Your (a) surviving spouse; (b) surviving child(ren) in equal shares; (c) surviving parents in equal shares; (d) surviving siblings in equal shares; (e) estate. This order will apply unless otherwise provided in the Limits on Assignments.

You may change the Beneficiary at any time without the consent of the present Beneficiary. The Beneficiary change form must be filed through the Contract Holder. The change will take effect on the date the form is signed. But it will not apply to any amount paid by Nationwide before it receives the form. If there is more than one Beneficiary but the Beneficiary form does not specify their shares, they will share equally. If a Beneficiary dies before You, that Beneficiary's interest will end. It will be shared equally by any remaining Beneficiaries, unless the Beneficiary form states otherwise.

MODE OF SETTLEMENT RULES

The rules in this section apply to Employee Life Insurance payable on account of Your death. But these rules are subject to the Limits on Assignments section.

Mode of Settlement means payment other than in one sum. Employee Life Insurance is normally paid to the Beneficiary in one sum. But a Mode of Settlement may be arranged with Nationwide for all or part of the insurance, as stated below.

Arrangements for Mode of Settlement: You may arrange a Mode of Settlement by proper written request to Nationwide. If, at Your death, no Mode of Settlement has been arranged for an amount of Your Employee Life Insurance, the Beneficiary and Nationwide may then mutually agree on a Mode of Settlement for that amount.

Conditions for Mode of Settlement: The Beneficiary must be a natural person taking in the Beneficiary's own right. A Mode of Settlement will apply to secondary Beneficiaries only if Nationwide agrees in writing. Each installment to a person must not be less than \$20.00. A change of Beneficiary will void any Mode of Settlement arranged before the change.

Choice by Beneficiary: A Beneficiary being paid under a Mode of Settlement may, if Nationwide agrees, choose (or change the Beneficiary's choice of) a payee or payees to receive, in one sum, any amount which would otherwise be payable to the Beneficiary's estate.

Nationwide has prepared information about the modes of settlement available. Ask the Contract Holder for this.

INCONTESTABILITY OF LIFE INSURANCE

This limits Nationwide's use of Your statements in contesting an amount of Life Insurance for which You are insured. These are statements made to persuade Nationwide to accept You for insurance. They will be considered to be made to the best of Your knowledge and belief. These rules apply to each statement:

- 1) It will not be used in the contest unless:
 - a. It is in a written instrument signed by You: and
 - b. A copy of that instrument is or has been furnished to You or to Your Beneficiary.
- 2) If it relates to Your insurability, it will not be used to contest the validity of insurance which has been in force, before the contest, for at least two years during Your lifetime.

LIMITS ON ASSIGNMENTS

You may assign Your insurance under a Coverage. Unless the Schedule of Benefits states otherwise, the following rules apply to assignments: (1) Insurance under any Coverage providing either death benefits or periodic benefits on account of disability may be assigned only as a gift assignment; (2) Insurance under any other Coverage may be assigned without restriction. Any rights, benefits or privileges that You have as an Employee may be assigned. This includes any right You have to choose a Beneficiary or to convert to another contract of insurance. Nationwide will not decide if an assignment does what it is intended to do. Nationwide will not be held to know that one has been made unless it or a copy is filed with Nationwide through the Contract Holder.

This paragraph applies only in insurance for which You have the right to choose a Beneficiary, when that right has been assigned. If an assigned amount of insurance becomes payable on account of Your death and, at Your death, there is no Beneficiary chosen by the assignee, it will be payable to:

- 1) the assignee, if living; or
- 2) the estate of the assignee, if the assignee is not living.

It will not be payable as stated in the Beneficiary Rules.

EFFECT OF GIFT ASSIGNMENT OF RIGHTS OF GROUP LIFE INSURANCE UNDER ANOTHER GROUP CONTRACT

This section applies to all Coverages providing Employee death benefits.

If You are eligible for insurance under the Group Contract on the Group contract's effective date You will have no right, benefits or privileges under any such Coverage if, on the day before that date, all the following were true:

- 1) You were insured for group life insurance under another group contract. That contract was issued by Nationwide or another insurance carrier to cover Employees of the Employer.
- 2) Your group life insurance under the other group contract ended.
- 3) An irrevocable and absolute gift assignment made by You was in effect. It was made before the other contract ended. That assignment was of all Your rights, benefits and privileges of the group life insurance under the other group contract. Those rights were owned by the assignee of the assignee's successor.

The owner of those rights of the group life insurance under the other group contract on the day before this Group Contract's effective date will be the owner of the rights, benefits, and privileges You would have had under a Coverage if this section did not apply. This includes, but is not limited to, any right of assignment You would have had under the Limits on Assignments section above. The term "assignee" as used in that section includes such an owner.

The term "group life insurance", as used above, means only group life insurance provided under a group contract in effect on the day before the date the Employer became included under the Group Contract.

DEFINITIONS

Accident or Accidental or Accidental Injury: A specific unforeseen event, that is sudden, unexpected, and unintended, over which a Covered Person has no control and which happens while the Covered Person is covered under this Insurance Contract and which directly, and from no other cause, results in an Injury.

Active Work Requirement: A requirement that You be actively at work full time at the Employer's place of business, or at any other place that the Employer's business requires You to go. You are considered actively at work during normal vacation if You were actively at work on Your last regular scheduled workday.

Benefit: The dollar amount payable by Nationwide to a Claimant or Beneficiary under the Insurance Contract.

Calendar Year: A year starting January 1.

Contributory Insurance, Non-contributory Insurance: Contributory Insurance is insurance for which the Contract Holder has the right to require Your contributions. Non-contributory Insurance is insurance for which the Contract Holder does not have the right to require Your contributions. The Schedule of Benefits shows whether insurance under a Coverage is Contributory Insurance or Non-contributory Insurance.

Coverage: The right of the Covered Person to receive Benefits subject to the terms, conditions, limitations and exclusions of the Insurance Contract.

Covered Person: You and Your Eligible Dependents whom You have enrolled for insurance and paid any Premium due under the Insurance Contract.

Dependent: This is Your husband or wife and Your children under 18 years of age or each of Your children 18 years or older who is attending a school and wholly dependent on You for support and maintenance.

Dependents Insurance: Insurance on the Dependent of a Covered Person.

Doctor: A Licensed practitioner of the healing arts acting within the scope of the license.

Earnings: Annual Earnings means Your annual rate of Earnings from Your Employer. Your annual Earnings will be based on Your Earnings in effect on Your last full day of Active Work. Annual Earnings includes:

- 1) Contributions You make through salary reduction agreement with Your Employer to an Internal Revenue Code (IRC) Section 401(k), 403(b), 408 (k), or 457 deferred compensation arrangement or an executive nonqualified deferred compensation arrangement.
- 2) Shift differential pay.
- 3) Amounts contributed to Your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Employee, State Employee: A person employed by the Employer. The term also applies to that person for any rights after insurance ends.

Employee Insurance: Insurance on the employed person.

The Employer, Contract Holder: Commonwealth of Kentucky

Group Insurance Contract, Insurance Contract, Group Contract: The agreement between Us and the Contract Holder which states the terms, conditions, limitations, and the exclusions regarding Coverage.

Group Insurance Certificate, Certificate: This document which provides a description of the Coverage available under the Insurance Contract.

Injury: Bodily harm which is the direct result of an Accident and not related to any other cause.

Insured Member: A person who is a Member, who has qualified for insurance by completing any Employment Waiting Period, paid any premium due, and for whom insurance under the Insurance contract has become effective.

Member: An Employee of the Commonwealth of Kentucky who contributes to one of the state administered retirement systems.

Nationwide, We, Us, Our, the Insurer: The Nationwide Life Insurance Company.

Sickness: Any disorder of the body or mind of a Covered Person, but not an Injury; pregnancy of a Covered Person, including abortion, miscarriage or childbirth.

You, Your: An Employee.

CLAIM RULES

These rules apply to payment of benefits under all Accident Coverages.

Proof of Loss: Nationwide must be given written proof of the loss for which claim is made under the Coverage. This proof must cover the occurrence, character and extent of that loss. It must be furnished within 90 days after the date of the loss. But, if any Coverage provides for periodic payment of benefits at monthly or shorter intervals, the proof of loss for each such period must be furnished within 90 days after its end.

A claim will not be considered valid unless the proof is furnished within these time limits. However, it may not be reasonably possible to do so. In that case, the claim will still be considered valid if the proof is furnished as soon as reasonably possible.

When Benefits are Paid: Benefits are paid when Nationwide receives written proof of the loss. But, if a Coverage provides that benefits are payable at equal intervals of a month or less, Nationwide will not have to pay those benefits more often.

Physical Exam and Autopsy: Nationwide, at its own expense, has the right to examine the person whose loss is the basis of claim. Nationwide may do this when and as often as is reasonable while the claim is pending. Nationwide also has the right to arrange for an autopsy in case of Accidental death, if it is not forbidden by law.

Legal Action: No action at law or in equity shall be brought to recover on the Group Contract until 60 days after the written proof described above is furnished. No such action shall be brought more than three years after the end of the time within which proof of loss is required.

INCONTESTABILITY OF INSURANCE TO WHICH THE CLAIM RULES APPLY

This limits Nationwide's use of Your statements in contesting an amount of that insurance for which You are insured. These are statements made to persuade Nationwide to effect an amount of that insurance. They will be considered to be made to the best of Your knowledge and belief. These rules apply to each statement:

- (1) It will not be used in a contest to avoid or reduce that amount of insurance unless:
 - (a) It is in a written instrument signed by You; and
 - (b) A copy of that instrument is or has been furnished to You.
- (2) It will not be used in the contest after that amount of insurance has been in force, before the contest, for at least two years during Your lifetime.

When Your Insurance Ends

EMPLOYEE AND DEPENDENTS INSURANCE

Your Employee Insurance under a Coverage or Your Dependents Insurance under a Coverage will end when the first of these occurs:

- Your membership in the Covered Classes for the insurance ends because Your employment ends (see below) or for any other reason.
- The part of the Group Contract providing the insurance ends.
- For Contributory Insurance under a Coverage of the Group Contract, You fail to pay, when due, any contribution required. But, if Employee Insurance is Contributory, failure to contribute for Dependents Insurance will not cause Your Employee Insurance to end.
- The Insurance is Dependents Insurance under the Dependents Term Life Coverage and Your Employee Insurance under the Employee Term Life Coverage ends.

Your Dependents Insurance for a Qualified Dependent under a Coverage will end when that person ceases to be a Qualified Dependent for that Coverage.

Continued Coverage for an Incapacitated Child: This applies to the Dependents Insurance You have for a child. The insurance for the child will not end on the date the age limit in the definition of Qualified Dependent is reached if both of these are true:

- 1) The child is then mentally or physically incapable of earning a living. Nationwide must receive proof of this within the next 31 days.
- 2) The child otherwise meets the definition of Qualified Dependent.

If these conditions are met, the age limit will not cause the child to stop being a Qualified Dependent under that Coverage. This will apply as long as the child remains so incapacitated.

End of Employment: For insurance purposes, Your employment will end when You are no longer a full-time Employee actively at work for the Employer. Employee Term Life Coverage shall terminate on the last day of the same month Your employment terminated. But, under the terms of the Group Contract, the Contract Holder may consider You as still employed in the Covered Classes during certain types of absences from full-time work. If an Employee is on family medical leave, the state contribution for life insurance shall be maintained by the Employer. This is subject to any time limits or other conditions stated in the Group Contract.

If You stop active full-time work for any reason, You should contact the Employer at once to determine what arrangements, if any have been made to continue any of Your insurance.

THE NATIONWIDE LIFE INSURANCE COMPANY

Certificate of Coverage

Nationwide certifies that insurance is provided according to the Group Contract(s) for each Insured Employee. Your Schedule of Benefits shows the Contract Holder and the Group Contract Number(s).

Insured Employee: You are eligible to become insured under the Group Contract if You are in the Covered Classes of the Schedule of Benefits and meet the requirements in the Who is Eligible section. The When You Become Insured section states how and when You may become insured for each Coverage. Your insurance will end when the rules in the When Your Insurance Ends section so provide.

Beneficiary for Employee Death Benefits: See the Beneficiary Rules.

Coverages and Amounts: The Benefits of the Insurance Contract are described in this Certificate. Final interpretation is governed by the Insurance Contract. This Certificate replaces any and all Certificates previously issued for the Covered Classes under the Insurance Contract. This Certificate describes the Insurance Contract in detail.

Nationwide Insurance
5525 Parkcenter Circle
Dublin Ohio 43017

**Personnel Cabinet
Group Life Insurance Administration
501 High Street
State Office Building, 3rd Floor
Frankfort, Kentucky 40601
Office Numbers: (502) 564-4774
(800) 267-8352
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<http://personnel.ky.gov/stemp/gli>**

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